

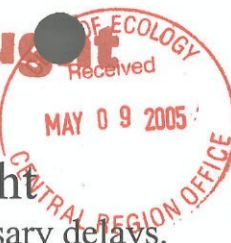


Emergency Drought

State of Washington

Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.



For Ecology Use

Fee Paid

20<sup>00</sup>

Date

5/9/05

CK# 0000224

1 of 2

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name EAGLE CREEK AGLAND LIMITED PARTNERSHIP Cell Home Tel: (208) 899 - 1419  
Mailing Address P.O. Box 53 Work Tel: (208) 466 - 0419  
City NAMPA State ID Zip+4 83653 + 0053 FAX: (208) 463 - 7675

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name CHARLES BAYAN, DIRECTOR, Home Tel: (SAME)  
Mailing Address P.O. Box 53 Work Tel: (SAME)  
City NAMPA State ID Zip+4 83653 + 0053 FAX: (SAME)  
Relationship to applicant DIRECTOR

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 200gpm (5gpm/ac) (☒ gallons per minute or ☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the purpose(s) of IRRIGATION (LEGAL DESC. ATTACHED). ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient.

Estimate a maximum annual quantity to be used in acre-feet per year: 0.8 AF/AC = 32 AF

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:

From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Section 4. WATER SOURCE

If SURFACE WATER						If GROUNDWATER		
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:						A permit is desired for <u>1</u> well(s). <u>12" Well 345' Deep</u>		
Number of diversions: _____								
Source flows into (name of body of water):						Size & depth of well(s): <u>12" X 345' Deep</u>		
LOCATION								
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: <u>Approx 1800' South + 360' East of the NW Corner of Section 11, T9N R 24E.</u>								
1/4 of	1/4 of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>SW</u>	<u>NW</u>	<u>11</u>	<u>9N</u>	<u>24E</u>	<u>BENTON</u>	<u>2</u>	<u>BENTON CO SHORT PLAT 2670</u>	
For Ecology Use Date Received: <u>MAY 9, 2005</u> Priority Date: <u>MAY 9, 2005</u> <u>BENTON</u>								
SEPA: <u>Exempt</u> /Not Exempt FERC License # _____ Dept. Of Health # _____								
Date Accepted As Complete <u>05/09/05</u> By <u>[Signature]</u> Date Returned _____ By _____ WRIA: <u>37</u>								

Appl. No.:

64-35011

## Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: N/A
- B. Briefly describe your proposed water system. (See instructions.)  
EXISTING SYSTEM: 60hp SUBMERSIBLE PUMP (PUMP TEST ATTACHED)  
DEMONSTRATING TOTAL CAPACITY OF 560 GPM @ 50 PSI HEAD. WATER  
IS PIPED THROUGH TYPICAL DRIP-SYSTEM TO ORCHARD.
- C. Do you already have any water rights or claims associated with this property or system? ☒ YES ☐ NO  
PROVIDE DOCUMENTATION. PERMIT 64-31464P WHICH IS A SUPPLEMENTAL RIGHT  
TO THE ROZA I.D.

## Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: \_\_\_\_\_ Type of connection \_\_\_\_\_  
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☐ YES ☐ NO  
If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☐ NO  
If yes, when was it approved? \_\_\_\_\_ Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☐ NO  
If yes, when was it approved? \_\_\_\_\_ Please attach the current approved version of your plan.

## Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: 40
- B. List total number of acres for other specified agricultural uses:
- |           |             |
|-----------|-------------|
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
- C. Total number of acres to be covered by this application: 40
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)  
Add up the acreage in which you have a controlling interest, including only:  
‡ Acreage irrigated under water rights acquired after December 8, 1977;  
‡ Acreage proposed to be irrigated under this application;  
‡ Acreage proposed to be irrigated under other pending application(s).
1. Is the combined acreage greater than 6000 acres? ☐ YES ☒ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☒ NO  
If yes, enter permit no: \_\_\_\_\_
- E. Farm uses:  
Stockwater - Total # of animals N/A Animal type \_\_\_\_\_ (If dairy cattle, see below)  
Dairy - # Milking \_\_\_\_\_ # Non-milking \_\_\_\_\_

## Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES ☒ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

## Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

THE WELL IS LOCATED APPROXIMATELY 5 miles NW OF PROSSER ON THE EAST  
OF N. GAP Rd APPROXIMATELY 1/4 mile SOUTH OF W. EVANS Rd.

## Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.) ✓

## Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used? ☒ YES ☐ NO  
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

---

---

---

B. Does the applicant own the land on which the water source is located? ☒ YES ☐ NO  
If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Charles By -  
Applicant (or authorized representative)

4/25/05  
Date

SAME  
Landowner for place of use (if same as applicant, write "same")

\_\_\_\_\_  
Date

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):	
_____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
_____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:  	
Please provide the additional information requested above and return your application by _____ _____ (date).	

Ecology staff \_\_\_\_\_ Date \_\_\_\_\_

Ecology is an Equal Opportunity employer. To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).